

## Answers to most common calls from medication abortion patients

Document all calls in the patient's medical record. Keep track of the questions patients ask when they call, as these can guide you in counseling future patients and ultimately decrease the number of calls you receive.

**1. I vomited after I left your office and am not sure if I threw up the first pill (Mifepristone). What should I do?**

If the patient swallowed the pill more than 1 hour ago, then it was probably absorbed. If they took the pill less than 1 hour ago, the dose of the Mifepristone should be repeated along with an anti-nausea medication.

**2. I took the mifepristone in the office yesterday and started to bleed before using the second pills (misoprostol). Do I still need to use the misoprostol?**

Yes. The process is most effective when the mifepristone and misoprostol are both used. If the patient was planning to insert the misoprostol tablets vaginally and they are still bleeding, they may want to switch to buccal administration though it is not required.

**3. I wasn't able to take the misoprostol pills as scheduled and now it has been more than 72 hours since I took the mifepristone. Should I still use the misoprostol? Do I need to repeat the mifepristone?**

The misoprostol should still be used if the patient didn't already cramp and bleed and expel the pregnancy (mifepristone alone works about 65% of the time), but there is no need to repeat the dose of mifepristone. Research most strongly supports using misoprostol between 24-48 hours after the Mifepristone. Misoprostol also works when it is used earlier or later, research supports the efficacy of misoprostol up to 72 hours after mifepristone<sup>1</sup>, and using it late is much more effective than not using it at all.

**4. I used the misoprostol pills 24 hours ago and I still haven't had any bleeding. What should I do?**

This happens most often with very early pregnancies. If an intrauterine pregnancy was seen on ultrasound, there is nothing to worry about and a little more time is often all that is needed. In this case, options include waiting another 24 hours and having the patient call back if they still haven't bled or dispensing a second dose of misoprostol right away.

If an ultrasound wasn't performed prior to the medication abortion or an intrauterine pregnancy wasn't seen on the ultrasound, then ectopic pregnancy should be considered.

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<sup>1</sup> Wedisinghe, L. & Elsandabesee, D. (2010). Flexible mifepristone and misoprostol administration interval for first-trimester medical termination. *Contraception*, 81(4), 269-274. <https://doi.org/10.1016/j.contraception.2009.09.007>.

Patients should be asked about symptoms of ectopic, given ectopic precautions and be evaluated in the office as soon as possible.

**5. I accidentally swallowed the misoprostol pills before the 30 minutes was up. Is this OK?**

Yes. The pills are still safe and usually effective if swallowed. If the patient doesn't have any bleeding within 48 hours they should be advised to call back. There may be more gastrointestinal side effects when the pills are swallowed rather than placed in the cheeks or vagina, but though uncomfortable this is not dangerous. For pregnancies between 7 and 9 weeks the efficacy of misoprostol used orally is slightly lower than when used buccally or vaginally, but it still works the vast majority of the time<sup>2,3</sup>.

**6. I took the misoprostol 6 hours ago and am still having heavy bleeding and passing large blood clots, is this normal?**

Yes, bleeding with a medication abortion is usually heavier than a period and often accompanied by clots. The heaviest bleeding typically occurs 2-5 hours after using misoprostol and usually slows within 24 hours. Some people, however, bleed heavily for up to 48 hours and may pass clots days or even weeks later. This is common and is not dangerous, if there are no symptoms of anemia or hypovolemia.

When a patient calls for bleeding:

- 1) Quantify how often they are soaking through a thick sanitary pad. If they haven't been using pads (e.g. using tampons or sitting on the toilet), ask them to start using pads.
- 2) Ask about symptoms of anemia and hypovolemia (dizziness, orthostasis, feeling faint, racing heart, pre-syncope). This is *very rare*, unless they were dehydrated to begin with, and is one of the reasons to advise patients during the initial counseling to eat and drink *before* inserting the misoprostol.
- 3) If they are using fewer than 2 pads per hour and they have no symptoms of hypovolemia, reassure them that the bleeding and clots are normal and will probably decrease after 24 hours. Tell them to call back if the bleeding increases or they develop symptoms.
- 4) If the patient is soaking through more than 2 pads/hour for 2 hours in a row, but they have no symptoms of hypovolemia:
  - Advise them to:
    - Take Ibuprofen 600 mg every 8 hours

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<sup>2</sup> Schaff, E. A., Fielding, S. L., & Westhoff, C. (2002). Randomized trial of oral versus vaginal misoprostol 2 days after mifepristone 200 mg for abortion up to 63 days of pregnancy. *Contraception*, 66(4), 247–250.

[https://doi.org/10.1016/s0010-7824\(02\)00366-9](https://doi.org/10.1016/s0010-7824(02)00366-9)

<sup>3</sup> el-Refaey, H., Rajasekar, D., Abdalla, M., Calder, L., & Templeton, A. (1995). Induction of abortion with mifepristone (RU 486) and oral or vaginal misoprostol. *The New England journal of medicine*, 332(15), 983–987.

<https://doi.org/10.1056/NEJM199504133321502>

- Increase fluids
  - Rest, avoid strenuous activity, change position gradually
  - Call back for any new symptoms
    - Call the patient back in 1-2 hours to check on bleeding and symptoms.
- 5) If persistent, heavy bleeding (greater than 2 pads/hour) for several hours despite the above advice **or** symptoms of hypovolemia arrange for evaluation as soon as possible (in office if possible, ER if office closed).

For more information on triaging calls from medication abortion patients concerned with bleeding see [Algorithm for phone triage of bleeding with medication abortion](#).

**7. I had my medication abortion 3-5 weeks ago and I'm still bleeding.**

On average, people bleed for 9 -14 days following a medication abortion. Some people bleed or pass clots for as long as 4 weeks. After the first few days of heavy bleeding some people will have little or no bleeding, some will have bleeding that stops and starts, and others will have bleeding similar to a menstrual period for several weeks. Sometimes the first menses following a medication abortion is especially heavy. In the absence of other symptoms, the bleeding is not dangerous and it is safe to wait for it to stop on its own. Triage these calls as above (question #6).

If a patient experiences heavy bleeding (not spotting) greater than 4 weeks after mifepristone, or if they have symptoms of anemia, hypovolemia, or infection, they should be evaluated in the office.

**8. My partner took the misoprostol 4 hours ago and for the last 2 hours they have been vomiting and has a fever of 101 degrees. I'm worried something is wrong.**

Low grade fever, chills, nausea, vomiting, diarrhea and flu-like symptoms are all side effects of misoprostol and should resolve within 6 hours of using the misoprostol. The fevers, chills and cramping caused by misoprostol can be alleviated by using Ibuprofen 600mg. Patients can be counseled to use NSAIDs prior to or after misoprostol use to help with these symptoms. Consider providing patients with anti-nausea medication (meclizine or diphenhydramine are over-the-counter alternatives). If a patient feels ill, has abdominal pain, nausea, vomiting or diarrhea, or has a fever >100.4 **more than 24 hours after** using misoprostol they should be evaluated in the office for possible infection.

**9. How long after having a medication abortion can I become pregnant?**

Medication abortion does not have any long term impact on a person's health or fertility. Most people will ovulate within two or three weeks and will resume menstruation within four to five weeks after the abortion. Thus, a patient can become pregnant within weeks of having a medication abortion and immediate use of an effective family planning method is

recommended. Interested patients should be counseled on/provided their preferred method of contraception at the time of abortion.

**10. How long after having a medication abortion can I use tampons or resume sexual intercourse?**

As soon as you feel comfortable, you can resume using tampons and having penetrative vaginal intercourse.

**11. Are there psychological consequences to medication abortion?**

There is no evidence that early medical abortion is associated with an increase in psychological problems such as depression, anxiety, or suicidality. Studies have shown that among people who have an unplanned pregnancy, the risk of mental health problems is no greater if they have a single first-trimester abortion than if they deliver that pregnancy.

A range of emotions is normal following abortion. People often experience feelings such as sadness, happiness, empowerment, anxiety, grief, relief and/or guilt. Feelings vary and they often change over time. People who are concerned about their emotions should be encouraged to talk with their clinician. Another resource is Exhale -- a free, after-abortion Talkline that provides emotional support, resources and information (1-866-439-4253 or <http://www.4exhale.org>).